

AUG. 1. 2005 5:19PM

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**MORRISON | FOERSTER**425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522

WWW.MOFO.COM

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Mail Stop AMENDMENT U.S. Patent and Trademark Office Attn.: Examiner William M. Treat Group Art Unit 2183	(571) 273-8300	(571) 272-4175

**FROM:** Stephen C. Durant  
Reg. No. 31,506**DATE:** August 1, 2005

Number of pages with cover page:	22	
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**Comments:**

Re: U.S. Patent Application  
Serial No.: 10/660,855  
Filing Date: 09/12/2003  
Inventors: Kent L. GILSON  
Title: HYPERCOMPUTER  
Docket No.: 40433-2000101

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**Enclosures:**

Transmittal Form .....(1 page)  
Fee Transmittal (original + copy) .....(2 pages)  
Petition for Extension of Time (3 months) .....(1 page)  
Amendment .....(17 pages)

sf-1977112v1

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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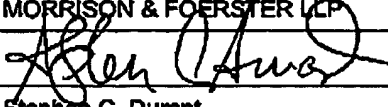
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/660,855	
	Filing Date	September 12, 2003	
	First Named Inventor	Kent L. GILSON	
	Art Unit	2183	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	22	Attorney Docket Number	404332000101

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (orig. + copy) (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (17 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet (1 page)
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP		Customer No. 20872
Signature			
Printed name	Stephen C. Durant		
Date	August 1, 2005	Reg. No.	31,506

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Todd V. Leone

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PTO/SB/17 (12-04/2)

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Effective on 12/01/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2810). <b>FEE TRANSMITTAL</b> For FY 2005		<b>Complete if Known</b> Application Number 10/660,855 Filing Date September 12, 2003 First Named Inventor Kent L. GILSON Examiner Name Not Yet Assigned Art Unit 2183 Attorney Docket No. 404332000101	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 510.00			

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): 2253 Extension/or response within third month	510.00

SUBMITTED BY		Registration No. 31,508		Telephone (415) 268-6962	
Signature	<i>Stephen C. Durant</i>	Name (Print/Type) Stephen C. Durant		Date	August 1, 2005

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Dated: August 1, 2005

Signature: *Todd V. Leone*

Todd V. Leone

SI-1977140 v1

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4012).		Complete if Known	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/660,855
		Filing Date	September 12, 2003
		First Named Inventor	Kent L. GILSON
		Examiner Name	Not Yet Assigned
		Art Unit	2183
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No. 404332000101		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>510.00</b>	

**METHOD OF PAYMENT (check all that apply)**

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	x	=				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-	x	=				

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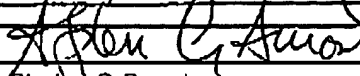
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	-	/50	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month

510.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	31,506
Name (Print/Type)	Stephen C. Durant	Telephone	(415) 268-6982
		Date	August 1, 2005

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Signature: 

Todd V. Leone